

MEDICAID LONG TERM CARE TASK FORCE
MEETING AGENDA
Farnum Hearing Room 210
Monday, January 10, 2005
9:30 a.m.-- 3:30 p.m.

9:30 a.m.	Informal Gathering and Networking	All
10:00 a.m.	Call to Order & Introductions	RoAnne Chaney, Chair
10:05 a.m.	Review and Approval of Agenda	Members
10:10 a.m.	Review and Approval of December 13 Minutes	Members
10:15 a.m.	Introduction of Workgroup D (Workforce Development) Report	Rep. Shaffer
10:45 a.m.	Presentation: Current Nursing Home Regulatory Oversight Nursing Home Quality – Consumer Perspective	Walt Wheeler Sarah Slocum
12:30p.m.	Box lunch for Members	
1:00 p.m.	Public Comment	
1:30 p.m.	Presentation: MiChoice Quality Management Planning Committee: Description and Update	Pam McNab
2:15 p.m.	Presentation: Geographical Distribution of Nursing Facilities, Adult Foster Care, and Homes for the Aged in Michigan	Steve Bachleda, Julie DuPuis
2:30 p.m.	Updates on Other Workgroups <ul style="list-style-type: none"> • Workgroup A, Single Points of Entry (Susan Steinke) • Workgroup B, Financing (Janet Olszewski) • Workgroup C, Continuum of Care (Sharon Gire) • Workgroup E, Education and Meaningful Consumer Participation and Oversight (Dohn Hoyle) • Workgroup F, Chronic Care (RoAnne Chaney) • Workgroup G Legislative and Regulatory Reform (Mark Cody) 	Members
3:00 p.m.	Discussion: Agenda for January 21, 2005 Meeting (Location: Boji Tower Senate Hearing Room)	
3:25p.m.	Next meeting date and agenda topics <ul style="list-style-type: none"> • Action Needed: Set date and time of Executive Committee Call • Action Needed: February 14 Task Force Meeting Agenda 	
3:30p.m.	Adjourn	

Vision Statement at the August 9, 2004 meeting:

Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.

The arrangement and type of care and supports for each person will be determined by that person. Person-centered planning, which places the person as the central focus of supports and care planning, will be used to determine all facets of care and supports plans. Each person, and his or her chosen family, friends, or professionals, will initiate or re-start the process whenever the person's needs or preferences change.

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